

2007 APPLICATION FOR INDIANA BOARD OF ANIMAL HEALTH SUMMER INTERN PROGRAM

Name Mr./Ms. _____

Current Address _____

City, State, ZIP _____

Phone _____ Best time to call: _____

Permanent Address _____

City, State, ZIP _____

Email Address _____

Undergraduate Education

Institution _____

Degree/Major/Minor _____

Graduation/Expected graduation Date: _____

Honors/Activities/Offices _____

Veterinary Medicine Education

Institution _____

Year/Track Inclination _____

Honors/Activities/Offices _____

Academic Advisor _____

Experience

(Please provide paid and unpaid experience including 4H, FFA and like activities for the past 6 years beginning with the most recent. Continue on another sheet if needed.)

Experience/firm name _____

Address _____

Supervisor/advisor _____

Dates _____ to _____ Position _____

Responsibility _____

Experience/firm name _____

Address _____

Supervisor/advisor _____

Dates _____ to _____ Position _____

Responsibility _____

Experience/firm name _____

Address _____

Supervisor/advisor _____

Dates _____ to _____ Position _____

Responsibility _____

Experience/firm name _____

Address _____

Supervisor/advisor _____

Dates _____ to _____ Position _____

Responsibility _____

Hobbies and Special Interests

References

Please provide 3 people who know you including one employer, one mentor and one teacher.

Name _____

Relationship _____

Contact Phone Number _____

Name _____

Relationship _____

Contact Phone Number _____

Name _____

Relationship _____

Contact Phone Number _____

Essay

In the space below in Ariel 12 font, single line spacing, please tell us why you want to intern with BOAH. Do not use a continuation page.

